

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date indicated below.

Dawn M. Oleszak
Dawn M. Oleszak

Date: April 4, 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s):	Clint D. Kolda	Docket No.:	376.239
Serial No.:	10/679,739	Filed:	October 6, 2003
Examiner:	Daniel S. Yeagley	Group Art Unit:	3611
Title:	<i>Internal Tightening System For Preventing Relative Movement Between A Pair Of Interconnected Members</i>		

AMENDMENT

Mail Stop Amendment
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Responsive to the Office Action mailed January 4, 2005, please amend the above-identified application as follows:

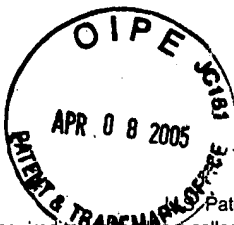
Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 14 of this paper.

04/08/2005 HGUTEMA1 00000044 501170 10679739

01 FC:2201	500.00 DA
02 FC:2202	125.00 DA

Please type a plus sign (+) inside this box → ☐



10W

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paper Reduction Act of 1995, no persons are required to furnish a collection of information unless it displays a valid OMB control number.

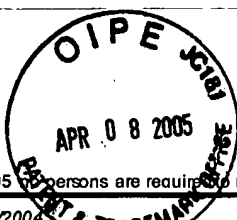
<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	10/679,739	
	Filing Date	October 6, 2003	
	First Named Inventor	Clint D. Kolda	
	Group Art Unit	3611	
	Examiner Name	Daniel S. Yeagley	
Total Number of Pages in This Submission	19	Attorney Docket Number	376.239

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Notification of Missing Requirements Under 35 USC 371 <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 DECLARATION	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Formal Drawings <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
		Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Andrew S. McConnell, Registration No. 32,272 Boyle, Fredrickson, Newholm, Stein & Gratz, S.C., Customer No.: 23598
Signature	<i>Andrew S. McConnell</i>
Date	4/4/05

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: April 4, 2005	
Type or printed name	Dawn M. Oleszak
Signature	<i>Dawn M. Oleszak</i>
Date	April 4, 2005

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005, P.L. 109-171, 4810.

FEE TRANSMITTAL
For FY 2005☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$625.00)

Complete if Known

Application Number	10/679,739
Filing Date	October 6, 2003
First Named Inventor	Clint D. Kolda
Examiner Name	Daniel S. Yeagley
Art Unit	3611
Attorney Docket No.	376.239

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-1170 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra	Claims	(\$)	Fee	Paid	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
36	- 20 or HP =	5	x	\$25	=	\$125		

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra	Claims	(\$)	Fee	Paid	(\$)	Fee Paid (\$)
9	- 3 or HP =	5	x	\$100	=	\$500	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra	Sheet Number of each additional 50 or fraction thereof	Fee	Fee	Paid
	- 100 =	/ 50 =	(round up to a whole number) x		

(\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: _____

Fees Paid (\$)

SUBMITTED BY

Signature	<u>Andrew S. McConnell</u>	Registration No. (Attorney/Agent)	32,272	Telephone	414-225-9755
Name (Print/Type)	Andrew S. McConnell	Date	4/4/05		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.